



6-28-06

ATTORNEY DOCKET NO. 05145.0008U1

**EXPRESS MAIL NO. EL970607738US**

1 Feb

**PATENT**

1/16e

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## RESPONSE TO OFFICE ACTION TRANSMITTAL

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

Sir:

Transmitted herewith are the following in the above-identified application:

- |                                     |                            |                                     |                                |
|-------------------------------------|----------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Response / Amendment       | <input checked="" type="checkbox"/> | Petition to Extend Time        |
| <input checked="" type="checkbox"/> | Fee as calculated below    | <input type="checkbox"/>            | Supplemental Declaration       |
| <input type="checkbox"/>            | No Additional Fee Required | <input type="checkbox"/>            | Terminal Disclaimer            |
| <input type="checkbox"/>            | Corrected Drawings         | <input type="checkbox"/>            | Other: <u>Return Postcard.</u> |

| CLAIMS AS AMENDED   |  |  |  |   |  |
|---|--|--|--|---|--|
| CLAIMS REMAINING<br>AFTER AMENDMENT   |  | HIGHEST NUMBER<br>PREVIOUSLY PAID FOR                      | PRESENT<br>EXTRA   | RATE  | ADDITIONAL<br>FEE  |
| Total Claims  | 51   | 51   | 0  | X \$50.00   | \$0.00   |
| Independent<br>Claims   | 5  | 5  | 0  | X \$200.00  | \$0.00   |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim   |  |  | +\$360.00  |   | \$0.00   |
| EXTENSION<br>FEE  | 1 <sup>st</sup> Month<br>\$120<br><input type="checkbox"/> | 2 <sup>nd</sup> Month<br>\$450<br><input type="checkbox"/> | 3 <sup>rd</sup> Month<br>\$1020<br><input checked="" type="checkbox"/> | 4 <sup>th</sup> Month<br>\$1590<br><input type="checkbox"/> | 5 <sup>th</sup><br>Month<br>\$2160<br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - |  |  |  |   | - \$510.00   |
| <b>Total Fee Due</b>  |  |  |  |   | <b>\$510.00</b>  |

Payment:

- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Payment by credit card in the amount of **\$510.00** for the fees designated above.  
(Form PTO-2038 enclosed).  
(WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.)
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$ \_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

  
\_\_\_\_\_  
Charley F. Brown, Registration No. 52,658

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300 (Telephone)  
(678) 420-9301 (Facsimile)